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ABSTRACT

This study compared the social status and self-esteem of 8 third grade children with attention deficit hyperactivity disorder, 2 children with attention deficit disorder (ADD) alone, and 26 children without the disorders, in light of hypothesized effects of perceived negative feedback received by these children from peers. The children nominated their three most-liked and least-liked friends and filled out the Coopersmith Self-Esteem inventory which measures feelings in the home, school, and social domains. Results showed no significant differences between the groups for social status or self-esteem. The only social status variable having a significant effect on self-esteem was positive nominations. Findings suggest that some children with ADHD may focus more on positive nominations than negative nominations, which could relate to their inability to read social cues given when they act in negative ways. (Contains 27 references.) (DB)

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Social Status and Self-Esteem:
Children with ADHD and Their Peers

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Abstract

Much of the information available concerning Attention Deficit Hyperactivity Disorder (ADHD) suggests that children diagnosed as such are viewed negatively by peers and have low self-esteem. This study investigated both social status, as determined by peers, and context-specific self-esteem in third-grade children with ADHD. The children nominated their three most- and least-liked friends and filled out a self-esteem inventory that measured feelings in the home, school and social domains. Results showed that there were no significant differences between the groups for social status or self-esteem, however positive relationships were found among the variables of social status and self-esteem, with positive nominations having the most affect on social self-esteem . Because the sample was small (n=36), it is suggested that further studies take place to examine the effects of social status on self-esteem and to look at differences within the ADHD group between those with and without hyperactivity.

Social status, or the way one is viewed by others, can have a profound impact on children. As they grow and develop, they rely heavily on their peer interactions to gain a sense of identity (Zigler & Finn Stevenson, 1987). When these peer interactions are negative, they have a lasting effect on children's self-esteem. Although the everyday activities of school life are soon forgotten, the self-esteem established early in development affects children throughout their lives and continues to shape their confidence and pride. Therefore, it is important to examine some of the factors that might contribute to the development of this intriguing facet of life, called self-esteem.

Children who have difficulty conforming to the stereotypes of the "average child" may experience negative feedback from those around them. Society often views differences in behavior as negative. For example, the word "deviant" which merely means different from the norm is viewed by society as a negative term. Children with disabilities that aren't outwardly visible may be particularly at-risk for being viewed negatively. One disability that is characterized by many outward signs, that may be perceived negatively by peers, is ADHD. Children with this disorder may have symptoms of inattentiveness, impulsivity, and excessive motor activity (DSM III-R, American Psychiatric Association, 1987). Shaywitz and Shaywitz (1992) reported that attention deficit disorders currently represent one of the most frequently diagnosed disorders in childhood, affecting perhaps as much as 20% of school age children.

Observations conducted in both structured and unstructured play settings have shown that children with hyperactivity display more intrusive and aggressive behavior and less appropriate social or neutral behavior than their comparison peers (Pelham & Bender, 1982). These children have difficulty

reading social cues and following social rules, thus creating a greater likelihood of having negative peer relations (Fouse & Brians, 1993).

Many children with ADHD have poor social skills (Pelham & Bender, 1982). These social difficulties appear to be related to a high rate of intrusive behavior, deficits in conversation and reciprocity, social-cognitive biases, and poor emotional regulation (Guevremont & Dumas, 1996). Klein and Young's study (as cited by Johnston et al., 1985) found that these children exhibited more disruptive and negative peer interactions than comparison children. Children with ADHD may also experience failure in academic and social settings. ADHD can cause a child to not reach his full potential, and it isn't unusual that by the third grade an intelligence score has dropped significantly, when compared with an earlier score (Copeland & Love, 1991).

Failure in educational settings can greatly decrease a child's social status; the degree to which a child is viewed positively by his peers. Studies involving the measurement of social status have been carried out that examined children with behaviors such as aggression and hyperactivity, to determine how these children differ from their peers in popularity and rejection (i.e., Carlson et al., 1987; Johnston, Pelham, & Murphy, 1985; King & Young, 1982; Milich, 1981; Milich & Landau, 1984). It has been shown that early negative peer experiences are indicative of problems later in life (Milich, 1981).

A common way to measure social status is through the use of peer ratings or nominations. This has proven to be a very reliable tool for determining the popularity or rejection of a child. Usually, the students are asked to nominate their least and most favorite peers. The nominations are then tallied and each student is given a score representing their social status. This type of measure has been used with children of varying ages, some in preschool, as evidenced

in a study by Milich (1981) in which preschool children identified negative behavior in their peers, and rated them low on likability scales and high on rejection scales. Cowen, Pederson, Babigan, Izzo, and Trost (1973) found that sociometric ratings by third-grade peers was a better predictor of adult psychiatric disturbance than a diverse battery including school records, intellectual performance, and self-report data. These rejection nominations were an even better predictor of poor adult outcome than teacher and clinician judgments.

Milich, et al., (1981) and Pelham and Milich (1984) reported that the peer nominations used in their studies were compared with teacher ratings and direct observations of the children's behavior, and were found to be highly correlated. They had high inter rater reliability, stability, and validity.

One difficulty in assessing social status of children with a particular disability, such as ADHD, is controlling for comorbidity of other disabilities such as conduct disorders, oppositional defiant disorders, mood and anxiety disorders, and learning disabilities (Biederman, et al., 1991). Some studies have controlled for a variety of disorders and behaviors such as aggression and hyperactivity (Lahey, et al., 1980; Loney & Milich, 1982; Milich & Fitzgerald, 1985). One important distinction to make, when examining the social status of those with ADHD, is whether or not the child exhibits only inattention or inattention with hyperactivity. There is growing research to indicate that these two subtypes of attention disorders should actually be two distinct, separate categories. In fact, the Diagnostic and Statistical Manual of Mental Disorders (1994) fourth edition seems to make more distinctions between those with more impulsive/hyperactive symptoms, than those with predominantly inattention symptoms.

This distinction is important because the symptoms between the children with and without hyperactivity are quite different, with the inattentive type being more withdrawn, characterized as sluggish or drowsy, less impulsive, and more likely to exhibit depressed or anxious moods (Erk, 1995). When hyperactivity is present, more external behaviors are usually present such as impulsiveness, increased motor activity, and disruptive behavior. These differences cause one to wonder why both ADHD groups seem to be rejected by their peers. Findings have shown that there are no significant differences in peer rejection for children with ADHD with hyperactivity and those with ADHD without hyperactivity (Carlson, et al., 1987; King & Young, 1982) . This would suggest that the peer rejection is not necessarily due to the aggression or excessive activity, but to many forms of deviant behavior. Other factors could be present such as the inability of a child to reciprocate social behaviors that promote friendships (Pelham & Milich, 1984).

Some symptoms of ADHD, such as the difficulty in reading social cues and controlling impulses, can cause children with ADHD to act without thinking, causing them to act in a socially unacceptable manner. Peers are very aware of these unacceptable behaviors as evidenced by Barkley (1990) in which peers reacted with counter aggression, aversion, rejection, and criticism toward peers with ADHD, after only a few social contacts over a 20-30 minute period. Because they may be poor readers of their environment, children with ADHD may inadvertently cause damage to peer relations, which can in turn, affect their self-esteem.

This lack of insight, in many children with ADHD, can be seen in studies involving the assessment of self-esteem. Coopersmith (as cited by deApodaca & Cowen, 1982) defined self-esteem as a personal judgment of worthiness expressed in one's attitudes toward self. He found that self-esteem related

positively to intelligence, academic achievement, and creativity. Brooks (1994) explained that children with low self-esteem may display coping behaviors such as quitting, avoiding, cheating, and bullying when they perceive that they are in vulnerable situations. It has also been found that children with low self-esteem may show more clinically relevant behavior such as verbal and physical aggression, higher activity levels, psychosomatic complaints and inhibition, than those with high self-esteem (Starr & Pearman, 1980). This would suggest that children with low self-esteem engage in more negative behaviors, which in turn can alienate them further from their peers.

The level of one's self-esteem can fluctuate, depending on the context in which it is measured. This idea of self-esteem being affected by environmental variables is a theme prevalent in the study by King and Young (1982) in which global measures of self-esteem were administered to children with ADHD. The results showed that the children had varying degrees of self-esteem, dependent upon the context in which they were measuring themselves. Both groups viewed themselves more favorably during recess and thought they were weakest in the classroom. In spite of the fact that researchers have found that children with hyperactivity have lower self-esteem than their non-hyperactive peers (Agnew & Young as cited by King & Young, 1982), results would suggest that when measuring self-esteem, it is important to decide which context the researcher is most interested in measuring.

King and Young (1982) also found that children with hyperactivity tended to have a distorted view of how others perceive them. The children in their study were rated low on peer acceptance and high on peer rejection, but they rated themselves as being perceived favorably by their peers. Their lack of

insight could serve as a coping mechanism that protects their self-esteem, thus causing the self-esteem measures to be elevated. Another explanation could be that because these children don't read social cues accurately, they may not even realize that their peers view them negatively, thus causing their self-esteem to be unaffected. However, the latter suggestion doesn't explain the results found in deApodaca and Cowen's study (1982) in which they measured the insight of clinic-referred elementary students. These students evaluated how they thought others would rate them, and these outcomes were compared with the actual peer ratings. They too, found that the self-perceptions were distorted, but these children still had significantly lower self-esteem than the comparison groups, which suggested that factors other than a child's perception of how others see him, played a part in forming the self-esteem.

Boivin and Begin (1989) found poor insight when looking at the self-esteem of aggressive children who were rated negatively by their peers. These authors felt that aggressive children may have a distorted view of themselves as well. They also suggested the possibility that some of the rejected children may have experienced positive peer relations outside of the class, and that the source of their rejection had not yet been identified.

To account for the variables that these authors addressed, this authors of this study will examine the self-esteem of children with ADHD, and their peers, within the contexts of home, school, and social relationships. Any differences within the three domains will be compared for significance. These scores will be compared with the peer nominations obtained, to see if there is a relationship between self-esteem and social status. To accomplish this, three basic research questions will be addressed: (a) Are there differences in social status and feelings of self-esteem, between children with ADHD and their

peers? (b) Is social status, as assessed by peers, related to feelings of self-esteem in children with ADHD? and (c) Are there differences between the "school", "social", and "home" domains of self-esteem for each participant, as measured by the Coopersmith Self- Esteem Inventory?

METHOD

This was a correlational and comparative study in which two groups of children, those with and without ADHD, were compared on social status and self-esteem in the "school", "social", and "home" domains as determined by their scores on the Coopersmith Self-Esteem Inventory. Relationships between social status and self-esteem were also examined.

Participants

Sixty-nine letters were sent to parents of students in 3 third grade classes at Cherokee Elementary School. Forty-two signed letters were returned; six of which were negative replies. Parental permission was obtained for 36 students to participate in this study. The participants consisted of 19 males and 17 females ranging in age from 8-11 years old, who were predominantly African American.

Procedure

The determination of which group, experimental or control, the participants were placed in was made through the use of a rating form containing the DSM IV criteria for ADHD. This form is endorsed by the local school system. The teachers identified those students who had displayed the most obvious symptoms of ADHD and completed this checklist for these students. Those scoring at least a (1) "sometimes", or a (2) "always", on at least

six of the criteria for both Inattention and Hyperactivity/Impulsivity were experimentally classified as having ADHD with hyperactivity (N=8, 6 male and 2 female), while those scoring a (1) or a (2) on at least six of the Inattention criteria only (N=2, 1 male and 1 female), were classified as ADHD without hyperactivity. The peers, not meeting the criteria, in the perspective classrooms were placed in a control group. The teachers of the participants have interacted with them for an eight-month period. In a review of 39 empirical studies in which direct observational methods were used to assess children with ADHD, Platzman et al., (1992) found validity in classroom observation and teacher reports of ADHD, therefore it is expected that this checklist is also a valid tool for identification of these students.

Two types of data were collected on the participants: peer ratings and self-esteem scores. To obtain peer ratings, the researcher met with the children in the classroom and asked them to anonymously nominate three of their most-liked and least-liked friends. The sheet given to them contained the names of all the children in their class. There was a picture of a smiling face and a sad face with three lines beneath each one, for them to write the names of their most- and least-favorite friends. These nominations were totaled for each type of nomination. Due to the nature of this type of instrument, it was expected that some students would receive neither positive nor negative nominations. It was also expected that some students, for which permission was not granted for participation in the study, would receive nominations that cannot be included in the results. The peer ratings for each group were compared through the use of T-tests, to see if there were any significant differences between the ADHD and control groups.

All of the participants completed a Coopersmith Self-Esteem Inventory that was administered in a group setting. The 58 questions were designed to

measure evaluative attitudes toward the self in social, academic, family, and personal areas of experience (Coopersmith, 1981). The questions were answered by checking either "like me" or "unlike me", and scores were obtained for four domains (home-8 questions, school-8 questions, social-8 questions, and general-26 questions) and a lie scale (8 questions). The four domains were combined for a total self-esteem score. The lie scale is a built-in measure to help determine if the participant is being truthful in his responses. A score of 100 is possible for total self-esteem, indicating a high self- esteem. In most studies, the means for this measure range from 70-80 with a standard deviation from 11 to 13. The higher the lie score, the greater the possibility the participant answered defensively. T-tests were run to compare the scores for the four domains of self-esteem for the ADHD and control groups. A general linear model (ANOVA) was used to examine the effects that social status (peer ratings) may have on self-esteem, and Pearson correlation coefficients were used to examine relationships between all of the variables of social status and self-esteem.

RESULTS

To compare the social status and self-esteem for group 1 (ADHD) and group 2 (non-ADHD), T-tests were run on positive and negative nominations, general self-esteem, the "home", "school", and "social" domains of self-esteem, and the lie scale. There were no significant differences for these two groups ($p<.05$). Results are presented in table 1.

Insert Table 1 about here

To determine if social status has any effect on self-esteem, ANOVA was used on all variables, with social status being the independent variable. The dependent variables were general, social, home, and school self-esteem. The only significant effect shown was that of positive nominations on social self-esteem, p=.02. The only other variable that came close to being significant was the effect of positive nominations on school self-esteem, p=.08 (see table 2).

Insert Table 2 about here

Pearson correlation coefficients were used to examine relationships between all of the variables for both the ADHD and non-ADHD groups. For the ADHD group, positive nominations and social self-esteem had a positive correlation of .77 with .007 significance. Also worthy of noting were the positive relationships that home self-esteem had with general and school self-esteem, .66 with .03 significance and .86 with .001 significance, respectively (see table 3).

Insert Table 3 about here

The means for the three domains of self-esteem (home, school, social) were compared within each group to see if there were variations among the domains of self-esteem. Both groups had higher means for social self-esteem than the other two domains (home, school). Results are shown in table 4.

Insert Table 4 about here

The ADHD group was analyzed further, comparing the means and standard deviations, for all variables, for the participants with and without hyperactivity. The results of this comparison is presented in table 5. Due to having such a small sample, it is important to cautiously interpret this data. However, it would seem that in spite of having a higher mean for negative nominations, and lower mean for positive nominations, those with ADHD without hyperactivity feel better than their ADHD/W counterparts, in all areas except social self-esteem.

Insert Table 5 about here

DISCUSSION

The results in this study indicated that there were no significant differences between the ADHD and non-ADHD groups for social status or self-esteem. These findings are inconsistent with previous studies in which those with ADHD were found to have significantly higher negative nominations, lower positive nominations, and lower self-esteem than their non-ADHD peers. The variable that came closest to reaching significance was social self-esteem, $p=.0518$, which suggests the need for further study. One important factor to consider when trying to account for the differences in the findings of this study is the sample size. This study may not be an accurate portrayal of the differences in groups because there were only ten participants with ADHD. Another reason for this lack of significance could be the number of students, for which permission was not granted to study, that received a higher number of negative nominations than those in the study. This data could not be included. The significance of this is that the peers who were rating each other may have felt more strongly about the students not included in the

study, than the students with ADHD that were in the study. The participants in the study could reflect a more centrally clustered group than it would have been if all students could have participated.

When examining the effects of social status on self-esteem the only variable of social status that proved to have a significant effect was positive nominations, p=.02. This, too, is inconsistent with previous studies in which negative nominations had a more powerful effect on self-esteem than positive nominations. The findings in this study suggest that it does not matter how. many negative nominations these children receive, but if they have some positive relationships, they can score high on social self-esteem. This helps to build a case for teaching social skills to enable these students to create more positive connections with those around them.

When Pearson correlations were used, several relationships were found among the variables of social status and self-esteem. In the non-ADHD group, general self-esteem was positively related to social and school self-esteem, social self-esteem was positively related to home and school self-esteem, and home self-esteem was related to school self-esteem, with the latter being the highest correlation, .51. However, there were no relationships noted between social status and the variables of self-esteem. These findings suggest that for the non-ADHD group, if their general self-esteem is high, they seem to score well in the domains of social and school self-esteem, with social status playing an unimportant role.

In the ADHD group, there were several moderate to high correlations among the variables, ranging from .66-.86. Positive nominations were related to social self-esteem, and home self-esteem was related to both general and school self-esteem. Therefore, if the ADHD group receives positive nominations, they are more likely to score high in the social self-esteem

domain. These findings also seem to show that if those with ADHD feel good about their home environment, they are more likely to score well on general and school self-esteem domains. This is consistent with Boivin and Begin's study (1989) in which they found "rejected" children, in spite of receiving negative nominations from peers, having high self-esteem. They suggested that these children might have positive relationships outside the context of school, which could impact their self-esteem in a positive way.

When examining the three domains of self-esteem, the results showed that both groups, ADHD and non-ADHD had higher means for social self-esteem than either school or home. The non-ADHD group had a higher mean for social status (5.96) than the ADHD group (4.70).

The final comparison made in this study had to do with the two sub-groups of ADHD; those with hyperactivity and those without. Although there were only two participants identified as ADHD w/o hyperactivity, the findings support the concerns in the literature about the lack of attention these children have received in research. They had a higher mean for negative nominations, a lower mean for positive nominations, and a lower mean for social self-esteem than those with hyperactivity. However, they received a higher mean on general, home and school self-esteem than the ADHD with hyperactivity group. Therefore it would seem that overall, these students without hyperactivity feel better about school and home, but not very well within the context of peer relationships. One of the participants, a female, in the ADHD w/o group received more negative nominations (5) than any participant in the study. This may just be a coincidence, but it does warrant further study to determine what can cause peers to rate these students so negatively.

CONCLUSION

Although this study did not find the same results as studies of its kind have in the past, it did reveal some interesting points. It would seem that children with ADHD may focus more on positive nominations than negative nominations, which could have to do with their inability to read social cues that are given when they act in negative ways. Perhaps they are more sensitive to positive reactions from peers than negative ones. For whatever reasons, the relationships seemed to be most noticeable between positive nominations and social self-esteem. Within this group, it was also noted that if they felt positive about their home environment, they were more likely to score higher in the general and school domains of self-esteem. For the non-ADHD group, social status and self-esteem did not appear to be related, but a significant relationship existed between home and school self-esteem.

There were several limitations to this study, the most important being the small sample size. Other factors worth mentioning are the method used for assigning participants to groups and the lack of participation of several students who would have been assigned to the ADHD group.

It is suggested that future studies focus on the behaviors of those with ADHD with and without hyperactivity, in a more qualitative way, to determine what type of behaviors are viewed negatively by peers. It would also be advantageous to find out why those without hyperactivity had higher means than the ADHD w/o group for all of the domains of self-esteem except social. Why did they have higher means on negative nominations and lower means on positive nominations than those with hyperactivity?
These issues warrant further study. It would be interesting to obtain a larger sample of children without hyperactivity to address these questions.

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Table 1
T-Tests Differences between ADHD and non-ADHD groups

	Pos. Nom.		Neg. Nom.		Gen. S.E.		Social S.E.		Home S.E.		School S.E.		Lie S
	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean
ADHD	1.20	1.61	1.70	1.76	13.5	2.83	4.70	1.63	4.40	1.95	4.00	1.76	3.30
Non-ADHD	2.07	1.99	.65	.89	15.5	3.71	5.90	1.53	4.90	1.76	4.88	1.70	4.03
p-value	0.1889		0.102		0.0979		0.0518		0.4717		0.1927		0.:

Table 2

ANOVA Effects of social status on self-esteem

	Gen. S.E	Social S.E.	Home S.E	School S.E.
Pos. Nom.	0.4347	0.0253	0.8631	0.0805
Neg. Nom.	0.7713	0.7815	0.7856	0.4839

Table 3a

Pearson Correlation Relationship between all variables (non-ADHD group)

	Gen. S.E.	Social S.E.	Home S.E.	School S.E.
Pos. Nom.	0.02696	0.1965	-0.089	0.29623
(significance)	0.896	0.336	0.6655	0.1417
Neg. Nom.	-0.01812	0.07751	-0.04301	-0.21149
(significance)	0.93	0.7067	0.8347	0.2997
Gen. S.E.	1	0.40345	0.25036	0.42666
(significance)	0	0.041	0.2174	0.0297
Social S.E.	0.40345	1	0.50072	0.48716
(significance)	0.041 0	0.0092	0.0116	
Home S.E.	0.25036	0.50072	1	0.51551
(significance)	0.2174	0.0092	0	0.007
School S.E.	0.42666	0.48716	0.51551	1
(significance)	0.02	0.0116	0.007	0

Table 3b

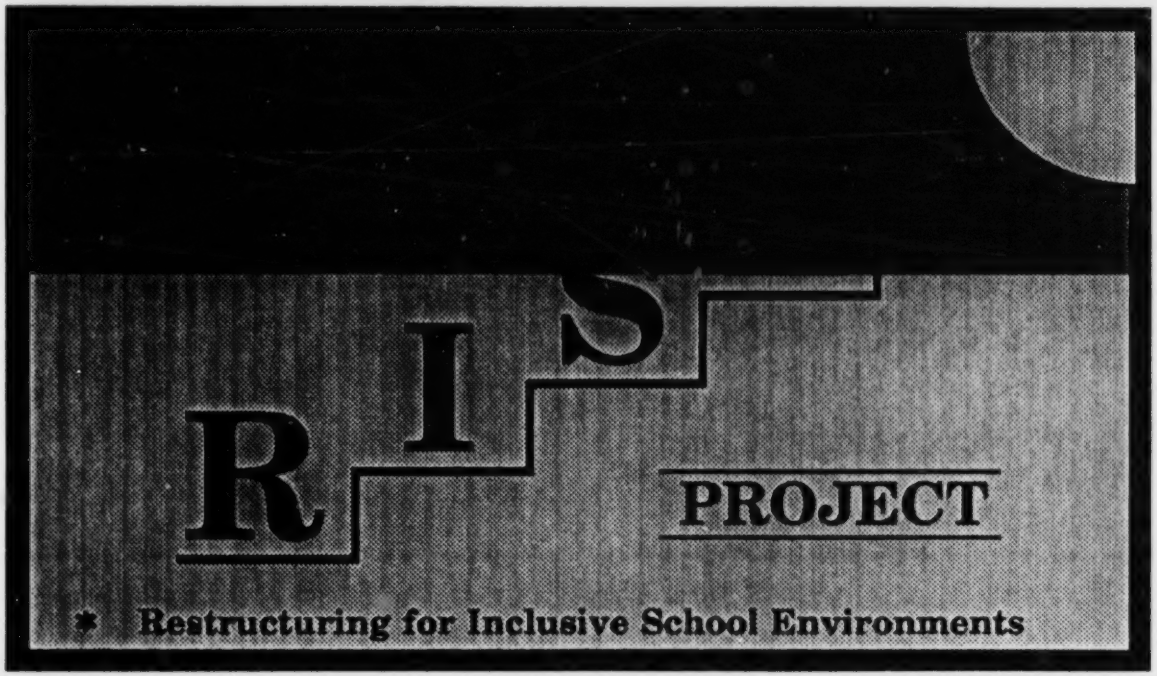
Pearson Correlation Relationship between all variables (ADHD group)

	Gen. S.E.	Social S.E.	Home S.E.	School S.E.
Pos. Nom.	0.36263	0.77992	0.28779	0.15561
	0.3031	0.0078	0.4201	0.6677
Neg. Nom.	0.34341	-0.26515	0.26374	0.49911
	0.3313	0.4591	0.4615	0.1419
Gen. S.E.	1	0.51435	0.66079	0.57707
	0	0.1282	0.0375	0.0807
Social S.E.	0.51435	1	0.25006	0.15398
	0.1282	0	0.4859	0.671
Home S.E.	0.66079	0.25006	1	0.86997
	0.0375	0.4859	0	0.0011
School S.E.	0.57707	0.15398	0.86997	1
	0.0807	0.671	0.0011	0

Table 3b

Pearson Correlation Relationship between all variables (ADHD group)

	Gen. S.E.	Social S.E.	Home S.E.	School S.E.
Pos. Nom.	0.36263	0.77992	0.28779	0.15561
	0.3031	0.0078	0.4201	0.6677
Neg. Nom.	0.34341	-0.26515	0.26374	0.49911
	0.3313	0.4591	0.4615	0.1419
Gen. S.E.	1	0.51435	0.66079	0.57707
	0	0.1282	0.0375	0.0807
Social S.E.	0.51435	1	0.25006	0.15398
	0.1282	0	0.4859	0.671
Home S.E.	0.66079	0.25006	1	0.86997
	0.0375	0.4859	0	0.0011
School S.E.	0.57707	0.15398	0.86997	1
	0.0807	0.671	0.0011	0



What is The RISE Project?

The RISE Project is a technical assistance and support project jointly sponsored by the Divisions of Curriculum and Instruction, Vocational-Technical Education, and Special Education of the Tennessee Department of Education. We serve a geographical area between the Tennessee and Mississippi Rivers. "RISE" is an acronym for **Restructuring for Inclusive School Environments** denoting not only the ultimate responsibility of schools to prepare all their students for life as valued, contributing, democratic citizens, but also the need for schools to institute teaching practices that best permits them to maximize learning for **all** students. We believe what the research indicates about best practices: the best schools are those that focus instruction on the individual.

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History:

Much of the philosophy and methods of the RISE Project has been adapted from the State LRE for LIFE Project. Although RISE is an independent project, close collaborative ties are maintained with LRE for LIFE. Since 1986, the LRE for LIFE Project has collaborated with over 44 local education agencies, including 123 schools and over 500 teachers. Originally, LRE for LIFE focused its efforts on assisting educators, schools and school systems in improving the quality of education to students whom they identified as having "severe" disabilities. Students identified had a wide variety of gifts, strengths, talents and disabling conditions, including mild, moderate, severe, and profound intellectual disabilities; learning disabilities, serious behavioral/emotional difficulties, multiple disabilities, and autism. The mandate was to improve the quality of education for these students ensuring that this was done within the context of the *least restrictive environment* (LRE) clause of P. L. 94-142, now P. L. 101-476 (IDEA). As educators and the LRE for LIFE staff together pursued excellence in educating students within inclusive school and classroom environments, they recognized that the best and promising educational practices once believed to be unique to these students were simply best and promising organizational, curricular, and instructional practices for **ALL** students. early childhood, general, vocational, and special education touted many of the very same practices - only called them by different names!

The RISE Project was started in October of 1995 to better meet the needs of schools in West Tennessee. Project staff were extensively trained and began work in schools in March of 1996. RISE was expanded in the summer of 1996, and now stands poised to assist all schools in their endeavors to serve all students. Today, the RISE Project has evolved into a school reform and restructuring project. Our task is to bridge the gaps between research and practice and between general, vocational-technical, early childhood and special education. We do this by providing technical assistance to educators, schools, and school systems as they implement exemplary best and promising organizational, curricular, and instructional practices for **ALL** school-aged children and youth. We believe in a unified educational system in which special education is a service, not a place. Good teaching **IS** good teaching. At any given point in time, some students with AND without IEPs need individualized, personalized attention. **ALL** means **ALL** - no exceptions!

The RISE Mission:

The mission of the RISE Project is to assist school systems, individual schools, educators, and families to structure school environments so that **ALL** school-aged children and youth are active, fully participating members of a unified schools community supportive of student diversity. The Project seeks to bridge the gap between research and practice and among general, vocational-technical and special education such that **ALL** children and youth receive a high-quality education, where there is meaningful curriculum, effective teaching, and appropriate supports for each student.

The RISE Project Assumptions:

- Schools are a microcosm of society and should reflect that in their total environment.
- **ALL** students belong.
- **ALL** students can learn at higher levels.
- **ALL** students benefit and learn best when educated together while being provided supports that meet their individual needs.
- **ALL** people have strengths, gifts, and talents.
- **ALL** students deserve exceptionally trained and prepared educators.
- It is the responsibility of **ALL** educators to teach **ALL** students in the ways they learn best.
- Inclusion is another word for exemplary education.
- Teaching AND learning are shared responsibilities.
- Schools are at various stages of readiness to implement school restructuring
- Special education is an *instructional support service* , not a place.
- Education is accountable for meaningful, valued outcomes.
  Education must go beyond knowledge. Teachers must teach **ALL** students to apply their knowledge in complex real-world contexts.

Technical Assistance Available:

Level 1 - Individual Requests for Assistance (One or more of the following):

- Participate in the development of strategic plans.
- Facilitate staff development needs assessment.
- Sponsor and co-sponsor state and regional conferences, seminars, and workshops.
- Conduct research and material reviews.
- Develop and disseminate training materials and information.
- Facilitate local interagency transition agreements.
- Provide networking opportunities.
- One-time consultation to individuals and/or groups.
- Disseminate newsletter.
- Provide staff development activities. Topics include:
    - Applications of multiple intelligence in the classroom
    - Authentic and portfolio assessment strategies
    - Positive behavior support
    - Strategies for collaboration
    - Strategies for cooperative learning
    - Strategies for modifying curriculum and instruction
    - Strategies for generating comprehensive, meaningful IEPs
- Other as negotiated.

Level II - Pockets of Excellence (One or both options below **AND** any option available under **Level I, as negotiated)**

- Facilitate and participate in positive behavior support teams for students with behavioral and emotional difficulties.
- Provide technical assistance to one or more existing collaborative committees or teams. (e.g., S-teams, school committees, departmental teams, grade-level teams...) as negotiated, and/or to one or more Demonstration Teams (see below description), each receiving at least monthly site-visit technical assistance.

Demonstration Team : Two or more educators, one of whom must be a special educator, who are currently collaborating or wishing to collaborate. Each demonstration team's philosophy must be consistent with Project assumptions. Each demonstration team must formally collaborate to implement one or more of the following best and promising educational, inclusionary practices (which can be embedded in the enhance educational efforts):

- Applications of multiple intelligences in the classroom
- Authentic and/or portfolio assessment strategies
- Positive behavior support & discipline
- Strategies for cooperative learning
- Integrated thematic instruction
- Development of community-based vocational educational opportunities that interface with existing vocational education initiatives
- Curricular modifications and Instructional adaptations
- Others as negotiated

Each existing collaborative committee or team and/or demonstration team must allow and facilitate data collection, including observational data related to Project outcomes.

Hi Nancy! Here is my correct address: Johnston.john@coe.memphis.edu

I am checking with folks about Oct 30, 31, Nov 1 for oral comps.

Let's see if this get's thru....

John

CALL NUMBER: E184.S4 L5

AUTHOR: Leyburn, James Graham.

TITLE: The Scotch-Irish: a social history.
PUBLISHED: Chapel Hill, University of North Carolina Press [1962]
PAGING: xix, 377 p. maps. 24 cm.

NOTES: Bibliography: p.[354]-372.

SUBJECTS: Scotch-Irish in the United States.
Scotland--Social conditions.
Scotch in Ireland
LCCN: 62016063
OCLC #: 00242476

Level III - Demonstration Schools (ALL of the following AND any option available in Level I & Level II):

- Provide ongoing technical assistance to schools wishing to be demonstration schools on excellence in educating **ALL** students within inclusive, unified settings.
- Demonstration school must allow and facilitate data collection, including observational data, related to Project outcomes. Each school's philosophy must be consistent with Project assumptions.

- Provide technical assistance to the school steering/unification/improvement committee.
- Provide technical assistance to the special education department team.
- Provide technical assistance to at least two Demonstration Teams, each team receiving at least monthly site-visit technical assistance (see **Level II** for description).
- Serve as liaison with LEA central office staff and State Department of Education.
- Provide avenues for obtaining monetary supports.

- Success of **ALL** individuals and of our society is strongly impacted by our educational system.